

NFIRS 5.0 Self Study Program

Basic Module: NFIRS 1

Objectives

After completing the Basic Module the student will be able to:

1. Describe when the Basic Module is to be used.
2. Demonstrate how to correctly complete the Basic Module given the scenario of a hypothetical incident.
3. Identify other NFIRS modules that would need to be completed based on information captured on the Basic Module.

Pre-Test #1 - Basic Module

1. The Basic Module is required for every type of incident to which a department responds.

(a) True
(b) False
2. A Basic Module could be the only module completed in certain situations.

(a) True
(b) False
3. A Basic Module should not be completed if the department has no responses for the month.

(a) True
(b) False
4. For an incident involving multiple departments, the receiving department is responsible for the incident. The departments providing the aid do not complete a report but give the information to the receiving department.

(a) True
(b) False
5. A fire that is confined to a vehicle in a structure is not a exposure but a vehicle fire.

(a) True
(b) False

*Using The
Basic Module*

Using The Basic Module

The Basic Module is the cornerstone of the NFIRS reporting system and is required for every type of incident to which a department responds. Entries in the Basic Module determine what other modules need to be completed based on the type of incident involved. State agencies that are responsible for incident reporting will determine which optional modules (EMS, HazMat, Wildland Fire, Apparatus, Personnel, Arson) are also required to be submitted.

If the state does not mandate the use of optional modules, the local fire department may still elect to use the module(s). The type of incident reported or the nature of a particular incident, such as release of hazardous materials at a fire after the arrival of the fire department, may trigger one or more of these additional modules, if your fire department decides to use these options.

For certain incident types, NFIRS Basic Module is the only module that must be completed:

- Confined fires, i.e. Food on stove
- Small vegetation fires
- Outside rubbish fires
- Explosions
- Some other fire types
- Non-fires

The Basic Module meets the need for an abbreviated method of incident reporting for those fires and other emergencies routinely encountered by the fire department.

This section provides fields to identify the specific location and vicinity (in front of, rear of, next to) information pertaining to an incident. "Location" is a required section, so as much information as possible should be entered.

NOTE: If the Wildland Fire Module is used in lieu of the Fire Module, the "Alternate Location Specification" is used instead.

This section is primarily narrative and should indicate the correct address of the incident location. Use road, street names, directional prefixes/suffixes, and other identifiable locations.

The Census Tract information can be filled in. Census tract numbers can provide valuable socio-economic and other characteristics of the population where problems are occurring (by providing links to other databases, such as the U.S. Census Bureau databases).

The U.S. Census Bureau may be contacted for census tract coding information for your jurisdiction. They have twelve regional offices and the telephone number for an office in your area may be obtained through your phone company, or access the Internet at www.census.gov to obtain the phone number for your regional office.

Section C

Section C: Incident Type

C	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Incident Type		

Enter the type of incident (a three-digit code) to better identify the types of incidents to which fire departments respond. The major categories are listed below and defined in the Handbook.

- 100 Series: Fires
- 200 Series: Pressure ruptures (no fire)
- 300 Series: Rescue and EMS
- 400 Series: Hazardous conditions (not a fire)
- 500 Series: Service calls

- 600 Series: Good intent calls
- 700 Series: False Alarms and False calls
- 800 Series: Severe Weather and Natural Disasters
- 900 Series: Other Types of Incidents

The code entered in this section may also determine which additional modules to complete. This is a required field so you must enter a code. The incident type entered does not have to be the same incident type as the one dispatched. It should reflect the situation found at the incident scene upon arrival.

If the incident scene involves combinations of potential incident types such as fire, EMS, and Hazmat, the precedence should be to code the lowest numbered incident type (100 Series: Fires first, then EMS, then Hazmat)

Section D

Section D: Aid Given or Received

D Aid Given or Received ☆	
1 <input type="checkbox"/>	Mutual aid received
2 <input type="checkbox"/>	Automatic aid recv.
3 <input type="checkbox"/>	Mutual aid given
4 <input type="checkbox"/>	Automatic aid given
5 <input type="checkbox"/>	Other aid given
N <input type="checkbox"/>	None

Their FDID: _____ Their State: _____

Their Incident Number: _____




Aid Given or Received refers to the giving or receiving of assistance from another fire department to help resolve an incident. That assistance can be in the form of manpower or equipment from one or more departments. This section is intended to link data records between giving and receiving departments.

Options are provided to indicate whether mutual, automatic or other aid was given or received, or if there was no aid. When mutual or automatic aid is given, there is space to capture the receiving department's FDID, state, and incident number.

The receiving department completes the Basic Module and other required modules. A department giving mutual aid should also fill out a Basic Module indicating what they did at the incident and a Fire Service Casualty Module for any of their department members injured or killed.

Section E₁

Block E₁: Dates and Times

E ₁ Dates & Times		Midnight is 0000				
		Month	Day	Year	Hour	Min
<div>Check boxes if dates are the same as Alarm Date.</div> <div></div>	<input type="checkbox"/> Alarm 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ARRIVAL required, unless canceled or did not arrive					
	<input type="checkbox"/> Arrival 					
	CONTROLLED optional, except for wildland fires					
<input type="checkbox"/> Controlled						
LAST UNIT CLEARED, required except for wildland fires						
<input type="checkbox"/> Last Unit Cleared	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Block E₁ permits the capture of date and time of alarm, arrival, control, and last unit cleared. Hours and minutes for all sections are recorded in 24-hour time - midnight is 0000.

The line for alarm date and time must always be completed. Note that the alarm date is always the same as the incident date in Block A.

Arrival information is required unless the unit was cancelled or did not arrive. The controlled time is optional except for wildland fires. In contrast, the last-unit-cleared time is required except for wildland fires.

Section E₂

Block E₂: Shifts and Alarms

E ₂ Shifts & Alarms		
Local Option		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Shift or platoon	Alarms	District

Completion of Block E₂ is a local option. Use it to record shift or platoon, alarms, and district.

Section E₃

Block E₃: Special Studies

E₃ Special Studies	
Local Option	
<input type="text"/>	<input type="text"/>
Special Study ID#	Special Study Value

Block E₃ provides temporary data elements that can be used for collection of information that is of special interest to local, state, or national departments or data centers.

Special studies are typically required to capture information on emerging trends, problem areas, or a specific issue being studied. Special studies fields can be defined by the local fire department, the state, or the National Fire Data Center.

Section F

Section F: Actions Taken

F	Actions Taken ☆
<input type="text"/>	<input type="text"/>
Primary Action Taken (1)	
<input type="text"/>	<input type="text"/>
Additional Action Taken (2)	
<input type="text"/>	<input type="text"/>
Additional Action Taken (3)	

In this section you will enter a two-digit code to explain the most significant actions taken by the fire service personnel at the incident scene. You should enter information on the primary action taken in response to the incident. However, lines are also provided to list two additional actions taken.

Together with the incident type, this data helps a fire department document the variety of activities performed and resources required to respond to a range of emergency situations.

Block G₁

Block G₁: Resources

G₁	Resources ☆																																																
<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.																																																	
	<table><tr><td></td><td>Apparatus</td><td>Personnel</td></tr><tr><td>Suppression</td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>EMS</td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>Other</td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table>		Apparatus	Personnel	Suppression	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							EMS	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Other	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
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<input type="checkbox"/> Check box if resource counts include aid received resources.																																																	

In Block G₁ you will record the total numbers of apparatus and personnel separated into three categories: Suppression, EMS, and Other.

NOTE: This section is required unless the Apparatus or the Personnel module is used. If you are using the local modules check the box marked, "Local Forms Used."

If resource counts include mutual aid received, check the box at the bottom of the section.

Block G₂

Block G₂: Estimated Dollar Losses & Values

G₂	Estimated Dollar Losses & Values															
LOSSES: Required for all fires if known. Optional for non																
Property	\$	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="checkbox"/>
Contents	\$	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="checkbox"/>
PRE-INCIDENT VALUE: Optional																
Property	\$	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="checkbox"/>
Contents	\$	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="checkbox"/>

Use Block G₂ to record property and content losses. *You must complete the loss information for all fire loss when the loss is known.* Entry of loss information is optional for other incident types.

Loss estimates should consider both the structure and contents and be based on damage caused by fire, smoke, water, and overhaul. Recording pre-incident values of property and contents is a local option.

Block H₁

Block H₁: Casualties

H₁	Casualties		<input type="checkbox"/> None
			Injuries
	Fire Service	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Civilian	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

You will need to record casualties, injuries and deaths, in Block H₁. This includes casualties for both fire service and civilian fire casualties.

The civilian category includes only civilians and non-fire service emergency responders who are injured or killed as a result of a fire incident.

NOTE: If you report a casualty in this field you must complete a Civilian Fire Casualty Module for each casualty reported.

Block H₂

Block H₂: Detector Performance

H₂	Detector	
	Required for confined fires.	
	<input type="checkbox"/>	Detector alerted occupants
	<input type="checkbox"/>	Detector did not alert them
	<input type="checkbox"/>	Unknown

In the case of confined fires you must fill out Block H₂ - Detector Performance. Enter the code that indicates whether the detector alerted or did not alert occupants, or if this is unknown.

This field may also be used to indicate if the detector alerted occupants for carbon monoxide incident types.

Block H₃

Block H₃: Hazardous Materials

H₃ Hazardous Materials Release	
N	<input type="checkbox"/> None
1	<input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions
2	<input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)
3	<input type="checkbox"/> Gasoline: vehicle fuel tank or portable container
4	<input type="checkbox"/> Kerosene: fuel burning equipment or portable storage
5	<input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage
6	<input type="checkbox"/> Household solvents: home/office spill, cleanup only
7	<input type="checkbox"/> Motor oil: from engine or portable container
8	<input type="checkbox"/> Paint: from paint cans totaling <55 gallons
0	<input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form

NOTE: If hazardous materials are involved, fill out Block H₃ no matter what type of incident you respond to.

If the box for “Other” is marked, your department’s state or local jurisdiction may ask that you complete the HazMat Module (NFIRS 7).

Section I

Section I: Mixed Use Property

I Mixed Use Property	
NN	<input type="checkbox"/> Not mixed
10	<input type="checkbox"/> Assembly Use
20	<input type="checkbox"/> Education use
33	<input type="checkbox"/> Medical use
40	<input type="checkbox"/> Residential use
51	<input type="checkbox"/> Row of stores
53	<input type="checkbox"/> Enclosed mall
58	<input type="checkbox"/> Business & residential
59	<input type="checkbox"/> Office use
60	<input type="checkbox"/> Industrial use
63	<input type="checkbox"/> Military use
65	<input type="checkbox"/> Farm use
00	<input type="checkbox"/> Other mixed use

The Mixed Use Property section records data on the overall use of the structure(s) on a property. If a structure has two or more property uses, or if a property has two or more structures with different property uses, the mixed-use designation applies.

**NFIRS 5.0 SELF STUDY PROGRAM
BASIC MODULE: NFIRS 1**

Examples:

A bank in a grocery store would be a structure with two property uses - assembly use and business/office use. The mixed-use designation would be business use.

A warehouse on the property of an amusement park would qualify as two structures with different property uses.

A stand-alone service station would NOT be mixed-use even though it may have a driveway or a parking lot.

Section J

Section J: Property Use

J Property Use ☆ Structures	
131 <input type="checkbox"/> Church, place of worship	341 <input type="checkbox"/> Clinic, clinic type infirmary
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office
162 <input type="checkbox"/> Bar/tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile
213 <input type="checkbox"/> Elementary school or kindergart.	419 <input type="checkbox"/> 1- or 2- family dwelling
215 <input type="checkbox"/> High school or junior high	429 <input type="checkbox"/> Multi-family dwelling
241 <input type="checkbox"/> College, adult ed.	439 <input type="checkbox"/> Rooming/boarding house
311 <input type="checkbox"/> Care facility for the aged	449 <input type="checkbox"/> Commercial hotel or motel
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care
	464 <input type="checkbox"/> Dormitory/barracks
	519 <input type="checkbox"/> Food and beverage sales
	539 <input type="checkbox"/> Household goods, sales, repairs
	579 <input type="checkbox"/> Motor vehicle/boat sales/repairs
	571 <input type="checkbox"/> Gas or service station
	599 <input type="checkbox"/> Business office
	615 <input type="checkbox"/> Electric generating plant
	629 <input type="checkbox"/> Laboratory/science lab
	700 <input type="checkbox"/> Manufacturing plant
	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	882 <input type="checkbox"/> Non-residential parking garage
	891 <input type="checkbox"/> Warehouse
Outside	
124 <input type="checkbox"/> Playground or park	936 <input type="checkbox"/> Vacant lot
655 <input type="checkbox"/> Crops or orchard	938 <input type="checkbox"/> Graded/cared for plot of land
669 <input type="checkbox"/> Forest (timberland)	946 <input type="checkbox"/> Lake, river, stream
807 <input type="checkbox"/> Outdoor storage area	951 <input type="checkbox"/> Railroad right of way
919 <input type="checkbox"/> Dump or sanitary landfill	960 <input type="checkbox"/> Other street
931 <input type="checkbox"/> Open land or field	961 <input type="checkbox"/> Highway/divided highway
	962 <input type="checkbox"/> Residential street/driveway
	981 <input type="checkbox"/> Construction site
	984 <input type="checkbox"/> Industrial plant yard

Look up and enter a Property Use code only if you have NOT checked a Property Use box:

→


This section identifies the specific use of the property where the incident occurred and whether it is a structure or an open piece of land. *You are required to complete Section J.*

Several property use options are provided. The property use codes listed on the paper form are the most frequently used. When you are using the automated system all codes will be provided. When using paper forms you will not need to look up a code unless none of the boxes on the list are appropriate.

Mark the box based on the use of the particular area of the property where the fire occurred. Do not base your choice on the overall use of the “mixed property use” designation.

Section K_1

Section K_1 : Person/Entity Involved


K₁ Person/Entity Involved	<input type="checkbox"/> Local Option		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
			Business name (if applicable)		Area Code		Phone Number				
<input type="checkbox"/> Check this box if same address as incident location. Then skip the three duplicate address lines. 	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
	Mr., Ms., Mrs.		First Name		MI		Last Name		Suffix		
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
	Number		Prefix		Street or Highway		Street Type		Suffix		
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
	Post Office Box		Apt./Suite/Room		City						
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
	State		Zip Code								
<input type="checkbox"/> More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.											

This section identifies the person/entity involved in the incident. Lines are available for a business name (if applicable), telephone number, and an individual's name and address.

If more than one person is involved, mark the box provided at the bottom of the K_1 Block and attach supplemental forms as necessary. If you are using the automated system, open a new block for each additional person.

Section K_2

Section K_2 : Owner

K₂ Owner	<input type="checkbox"/> Same as person involved? Then check this box and skip the rest of this section.		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
			Business name (if applicable)		Area Code		Phone			
<input type="checkbox"/> Check this box if same address as incident location. Then skip the three duplicate address lines. 	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Mr., Ms., Mrs.		First Name		MI		Last Name		Suffix	
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Number		Prefix		Street or Highway		Street Type		Suffix	
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Post Office Box		Apt./Suite/		City					
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	State		Zip Code							


Fill out Block K_2 to record the owner of the property involved. If the person/entity involved and the owner are the same, check the "Same as Person Involved Box" in Block K_2 .

If the owner is a different person enter the business name (if applicable), telephone number, name, and address.

**NFIRS 5.0 SELF STUDY PROGRAM
BASIC MODULE: NFIRS 1**

Section L

Section L: Remarks

L	Remarks: Local Option			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">  <p>ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!</p> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <p>Fire Module Required? Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Buildings 111 <input type="checkbox"/> Special structure 112 <input type="checkbox"/> Confined 113-118 <input type="checkbox"/> Mobile Property 120-123 <input type="checkbox"/> Vehicle 130-138 <input type="checkbox"/> Vegetation 140-143 <input type="checkbox"/> Outside rubbish fire 150-155 <input type="checkbox"/> Special outside fire 160-164 <input type="checkbox"/> Crop fire 170-173 </td> <td style="width: 50%; vertical-align: top;"> Complete Fire & Structure Complete Fire Mod. & the I block on Structure Module Complete Basic Module Complete Fire Module Complete Fire Module Complete Fire or Wildland Complete Basic Module Complete Fire Module Complete Fire Module </td> </tr> </table> </div> </div>			<input type="checkbox"/> Buildings 111 <input type="checkbox"/> Special structure 112 <input type="checkbox"/> Confined 113-118 <input type="checkbox"/> Mobile Property 120-123 <input type="checkbox"/> Vehicle 130-138 <input type="checkbox"/> Vegetation 140-143 <input type="checkbox"/> Outside rubbish fire 150-155 <input type="checkbox"/> Special outside fire 160-164 <input type="checkbox"/> Crop fire 170-173	Complete Fire & Structure Complete Fire Mod. & the I block on Structure Module Complete Basic Module Complete Fire Module Complete Fire Module Complete Fire or Wildland Complete Basic Module Complete Fire Module Complete Fire Module
<input type="checkbox"/> Buildings 111 <input type="checkbox"/> Special structure 112 <input type="checkbox"/> Confined 113-118 <input type="checkbox"/> Mobile Property 120-123 <input type="checkbox"/> Vehicle 130-138 <input type="checkbox"/> Vegetation 140-143 <input type="checkbox"/> Outside rubbish fire 150-155 <input type="checkbox"/> Special outside fire 160-164 <input type="checkbox"/> Crop fire 170-173	Complete Fire & Structure Complete Fire Mod. & the I block on Structure Module Complete Basic Module Complete Fire Module Complete Fire Module Complete Fire or Wildland Complete Basic Module Complete Fire Module Complete Fire Module			
<input type="checkbox"/> More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.				

You may use this section to include a narrative description of the incident. If more remarks are necessary and you are using paper forms, supplemental forms can be completed and attached.

Should a Fire Module be required because of the nature of the incident, the system may automatically set one up for you and attach it to this Basic Module. On the paper form, a box within Section L can be used to note whether or not completion of the Fire Module is required.

*The Narrative
Report*

The Narrative Report

It is important for you to understand the importance of the narrative report. The incident report serves as an official, legal record of an incident and must accurately describe the incident and the actions taken to mitigate it. While many of these facts can be collected in uniform code fields, some information can only be presented in a detailed narrative. Critical information may be left out unless the narrative report is completed.

Information that should be included in the narrative includes observations and actions taken. They should be reported in a logical order - usually chronological.

Use the narrative report to paint a picture of the scene and summarize the incident. Describe the scene conditions including property damage. Also describe the condition of the premises when you left and report any remaining hazards.

Section M

Section M: Authorization

M Authorization											
Check box if same as Officer in charge.	Officer in charge ID		Signature		Position or rank		Assignment		Month	Day	Year
	Member making report ID		Signature		Position or rank		Assignment		Month	Day	Year

Use this section to record the identification number, name, position/rank, and assignment for both the officer in charge and the person completing the incident report. The date of completion should also be recorded. If the officer in charge is the person filling out the report, check the box provided.

Summary

SUMMARY

NFIRS 1 - the Basic Module - is used for every incident. State agencies that are responsible for incident reporting will determine which optional modules must be submitted.

For many incident types, the Basic Module is the only report that must be completed. It meets the need for an abbreviated form of incident reporting for some fires.

Example: Fire In Metal Trash Can

Directions: Read the call information in the example below. Then look at the completed Basic Module Form. Look at each section and follow along with the proper use of the information as applicable to the Basic Module.

Department FDID #TR100 is called at 0918 on March 6, 1999 to a reported fire at the Super Rest Motel, 755 Lancaster Road in Paradise City, Wisconsin, 12345. Upon arrival at 0921, Engine 1 finds that the fire is confined to a metal trashcan - no flame damage occurs outside of the trashcan. However, smoke damage has affected the room of the incident. Engine 1's officer sends two firefighters to control the fire and ventilate the area. The fire is controlled at 0925 and the last unit clears the scene at 0945. Damage to the structure is estimated at \$1,000. Mr. Lee, the building owner, has offices at the motel. The incident number is reported as #9700876.

NFIRS 5.0 SELF STUDY PROGRAM
BASIC MODULE: NFIRS 1

Example—Fire in Metal Trash Can

A FDID <input type="text" value="TR100"/> State <input type="text" value="WI"/> Incident Date <input type="text" value="03"/> <input type="text" value="06"/> <input type="text" value="19"/> <input type="text" value="99"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="9700876"/> Exposure <input type="text" value="000"/>				<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS - 1 Basic
B Location <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only				Census Tract <input type="text" value=""/>		
<input checked="" type="checkbox"/> Street address <input type="text" value="755"/> <input type="text" value="Lancaster"/> <input type="text" value="RD"/> <input type="text" value=""/>				Number/Milepost Prefix Street or Highway Street Type Suffix		
<input type="checkbox"/> Intersection <input type="text" value=""/> <input type="text" value="Paradise City"/> <input type="text" value="WI"/> <input type="text" value="12345"/> <input type="text" value=""/>				Apt./Suite/Room City State Zip Code		
<input type="checkbox"/> In front of						
<input type="checkbox"/> Rear of						
<input type="checkbox"/> Adjacent to						
<input type="checkbox"/> Directions						
Cross street or directions, as applicable						
C Incident Type <input type="text" value="118"/> Incident Type		E1 Dates & Times Midnight is 0000 Month Day Year Hour Min <input type="checkbox"/> Check boxes if dates are the same as Alarm Date. Alarm <input type="checkbox"/> <input type="text" value="0918"/>		E2 Shifts & Alarms Local Option <input type="text" value="B"/> <input type="text" value="01"/> <input type="text" value="001"/>		
D Aid Given or Received <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recv. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None		Arrival <input type="checkbox"/> <input type="text" value="0921"/> Controlled <input type="checkbox"/> <input type="text" value="0925"/> Last Unit Cleared <input type="checkbox"/> <input type="text" value="0945"/>		E3 Special Studies Local Option Special Study ID# <input type="text" value=""/> Special Study Value <input type="text" value=""/>		
F Actions Taken <input type="text" value="11"/> Extinguished Fire Primary Action Taken (1) <input type="text" value="51"/> Ventilate the area Additional Action Taken (2) <input type="text" value=""/> Additional Action Taken (3)		G1 Resources <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <input type="text" value="0001"/> <input type="text" value="0003"/> EMS <input type="text" value=""/> Other <input type="text" value=""/> <input type="checkbox"/> Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$ <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="000"/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input checked="" type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/>		
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value=""/> <input type="text" value=""/> Civilian <input type="text" value=""/> <input type="text" value=""/> H2 Detector Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input checked="" type="checkbox"/> Unknown		H3 Hazardous Materials Release <input checked="" type="checkbox"/> None <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage <input type="checkbox"/> Household solvents: home/office spill, cleanup only <input type="checkbox"/> Motor oil: from engine or portable container <input type="checkbox"/> Paint: from paint cans totaling <55 gallons <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		
I Mixed Use Property NN <input checked="" type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use						
J Property Use <input type="text" value="131"/> Church, place of worship <input type="text" value="161"/> Restaurant or cafeteria <input type="text" value="162"/> Bar/tavern or nightclub <input type="text" value="213"/> Elementary school or kindergart. <input type="text" value="215"/> High school or junior high <input type="text" value="241"/> College, adult ed. <input type="text" value="311"/> Care facility for the aged <input type="text" value="331"/> Hospital Outside <input type="text" value="124"/> Playground or park <input type="text" value="655"/> Crops or orchard <input type="text" value="669"/> Forest (timberland) <input type="text" value="807"/> Outdoor storage area <input type="text" value="919"/> Dump or sanitary landfill <input type="text" value="931"/> Open land or field		<input type="text" value="341"/> Clinic, clinic type infirmary <input type="text" value="342"/> Doctor/dentist office <input type="text" value="361"/> Prison or jail, not juvenile <input type="text" value="419"/> 1- or 2- family dwelling <input type="text" value="429"/> Multi-family dwelling <input type="text" value="439"/> Rooming/boarding house <input checked="" type="checkbox"/> Commercial hotel or motel <input type="text" value="459"/> Residential, board and care <input type="text" value="464"/> Dormitory/barracks <input type="text" value="519"/> Food and beverage sales <input type="text" value="936"/> Vacant lot <input type="text" value="938"/> Graded/cared for plot of land <input type="text" value="946"/> Lake, river, stream <input type="text" value="951"/> Railroad right of way <input type="text" value="960"/> Other street <input type="text" value="961"/> Highway/divided highway <input type="text" value="962"/> Residential street/driveway		<input type="text" value="539"/> Household goods, sales, repairs <input type="text" value="579"/> Motor vehicle/boat sales/repairs <input type="text" value="571"/> Gas or service station <input type="text" value="599"/> Business office <input type="text" value="615"/> Electric generating plant <input type="text" value="629"/> Laboratory/science lab <input type="text" value="700"/> Manufacturing plant <input type="text" value="819"/> Livestock/poultry storage (barn) <input type="text" value="882"/> Non-residential parking garage <input type="text" value="891"/> Warehouse <input type="text" value="981"/> Construction site <input type="text" value="984"/> Industrial plant yard Look up and enter a Property Use code only if you have NOT checked a Property Use box: <input type="text" value=""/>		

NFIRS-1 Revision

NFIRS 5.0 SELF STUDY PROGRAM BASIC MODULE: NFIRS 1

K1 Person/Entity Involved

Local Option ☐ Business name (if applicable) Super Rest Motel Area Code 515 Phone Number 123 1234

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

☒ Mr., Ms., Mrs. Jon First Name Lee MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option ☐ Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable) Super Rest Motel Area Code 515 Phone Number 123 1234

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

☒ Mr., Ms., Mrs. Jon First Name Lee MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code


L Remarks:

Local Option ☐

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the I block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

☐ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☒ Officer in charge ID 1112 Signature Joe Officer Position or rank Captain Assignment E1 Month 03 Day 06 Year 1999

Member making report ID Signature Position or rank Assignment Month Day Year

Exercise Scenario 1-1: Food On Stove

Directions: Read the call information in the exercise below. Use the information provided to complete the Basic Module form. Compare your work to the answers provided on the subsequent completed Basic Module form. If your answers are different from the ones provided, read over the Basic Module again.

On Saturday May 23, 1998 at 1513 hours a call is received for a fire at 112 Main Street, Mill City, WI 12345. Engine 23, Engine 12, Ladder 2, Battalion 2 respond. They arrive at 1518 to find smoke coming from the rear of the house. Crew from E-23 enters the house to find that the smoke is coming from the kitchen area as a result of unattended cooking. The incident is confined to the pot on the stove.

E23 removes the pot from the stove with Ladder 2 establishing ventilation. The fire did not extend beyond the pot. Damage is confined to the pot, the food, with minimal smoke damage in the kitchen area. The homeowner, Ms. Sally Jones, reports that she was notified of the fire by the smoke detector.

The value of the property is set at \$185,000 and contents at \$47,000. There is no loss as a result of the fire.

The incident was controlled at 1530 and the units cleared at 1620. There was no mutual aid received nor were there any injuries. The incident number assigned was 9700181. There were no exposures.

The shift on duty was C Platoon with a one-alarm assignment. The District was #112.

NFIRS 5.0 SELF STUDY PROGRAM
BASIC MODULE: NFIRS 1

A FDID ☆ <input type="text"/> State ☆ <input type="text"/> Incident Date ☆ <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> Station <input type="text"/> Incident Number ☆ <input type="text"/> Exposure ☆ <input type="text"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS - 1 Basic	
B Locatio ☆ <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only <input type="checkbox"/> Street address <input type="text"/> Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> <input type="checkbox"/> Intersection <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> <input type="checkbox"/> In front of <input type="text"/> <input type="checkbox"/> Rear of <input type="text"/> <input type="checkbox"/> Adjacent to <input type="text"/> <input type="checkbox"/> Directions <input type="text"/> Cross street or directions, as applicable			
C Incident Type ☆ <input type="text"/> Incident Type <input type="text"/>	E1 Dates & Times Midnight is 0000 Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/> Check boxes if dates are the same as Alarm Date. <input type="checkbox"/> Alarm ☆ <input type="text"/> <input type="checkbox"/> Arrival ☆ <input type="text"/> <input type="checkbox"/> Controlled <input type="text"/> <input type="checkbox"/> Last Unit Cleared <input type="text"/>	E2 Shifts & Alarms Local Option <input type="text"/> Shift or platoon <input type="text"/> Alarms <input type="text"/> District <input type="text"/> E3 Special Studies Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>	
D Aid Given or Received ☆ 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>	F Actions Taken ☆ Primary Action Taken (1) <input type="text"/> Additional Action Taken (2) <input type="text"/> Additional Action Taken (3) <input type="text"/>	G1 Resources ☆ <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <input type="text"/> Personnel <input type="text"/> Suppression <input type="text"/> EMS <input type="text"/> Other <input type="text"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/> Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/> Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	H1 ☆ Casualties <input type="checkbox"/> None Deaths <input type="text"/> Injuries <input type="text"/> Fire Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/> H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form	I Mixed Use Property NN <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use
J Property Use ☆ Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2- family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code only if you have NOT checked a Property Use box: <input type="text"/>	

NFIRS-1 Revision

**NFIRS 5.0 SELF STUDY PROGRAM
BASIC MODULE: NFIRS 1**

K1 Person/Entity Involved

Local Option ☐ Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option ☐ Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____


L Remarks:

Local Option ☐

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the I block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

☐ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☐

Officer in charge ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

NFIRS 5.0 SELF STUDY PROGRAM BASIC MODULE: NFIRS 1

Exercise—Food on Stove

Exercise—Food on Stove				NFIRS - 1 Basic	
A FDID <input type="text" value="TR100"/>		State <input type="text" value="WI"/>		Incident Date <input type="text" value="MM 05"/> <input type="text" value="DD 23"/> <input type="text" value="YYYY 1999"/>	
Station <input type="text" value="002"/>		Incident Number <input type="text" value="9700181"/>		Exposure <input type="text" value="000"/>	
				<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	
B Location <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only					
Census Tract <input type="text" value="112"/>					
<input checked="" type="checkbox"/> Street address <input type="text" value="112"/> <input type="text" value="Main"/> <input type="text" value="St"/> <input type="text" value="T"/>					
<input type="checkbox"/> Intersection <input type="text" value="112"/> <input type="text" value="Main"/> <input type="text" value="St"/> <input type="text" value="T"/>					
<input type="checkbox"/> In front of <input type="text" value="112"/> <input type="text" value="Main"/> <input type="text" value="St"/> <input type="text" value="T"/>					
<input type="checkbox"/> Rear of <input type="text" value="112"/> <input type="text" value="Main"/> <input type="text" value="St"/> <input type="text" value="T"/>					
<input type="checkbox"/> Adjacent to <input type="text" value="112"/> <input type="text" value="Main"/> <input type="text" value="St"/> <input type="text" value="T"/>					
<input type="checkbox"/> Directions <input type="text" value="112"/> <input type="text" value="Main"/> <input type="text" value="St"/> <input type="text" value="T"/>					
Cross street or directions, as applicable					
C Incident Type <input type="text" value="113"/> <input type="text" value="Food on Stove"/>		E1 Dates & Times		E2 Shifts & Alarms	
Incident Type		Month <input type="text" value="1"/> Day <input type="text" value="5"/> Year <input type="text" value="19"/> Hour <input type="text" value="1"/> Min <input type="text" value="3"/>		Local Option <input type="text" value="C"/> <input type="text" value="01"/> <input type="text" value="112"/>	
D Aid Given or Received <input type="text" value="1"/> <input type="text" value="Mutual aid received"/>		Check boxes if dates are the same as Alarm Date.		Shift or Alarms <input type="text" value="C"/> <input type="text" value="01"/> <input type="text" value="112"/>	
1 <input type="checkbox"/> Mutual aid received		Alarm <input type="checkbox"/>		District <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/>	
2 <input type="checkbox"/> Automatic aid recv.		Arrival <input checked="" type="checkbox"/>		Special Studies	
3 <input type="checkbox"/> Mutual aid given		Controlled <input checked="" type="checkbox"/>		Local Option	
4 <input type="checkbox"/> Automatic aid given		Last Unit Cleared <input checked="" type="checkbox"/>		Special Study ID# <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="0"/>	
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires		Special Study Value <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="0"/>	
N <input checked="" type="checkbox"/> None		Their Incident Number <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="0"/>		Special Study ID# <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="0"/>	
Their FDID <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="0"/>		Their State <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="0"/>		Special Study Value <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="0"/>	
Their Incident Number <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="0"/>		Their Incident Number <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="0"/>		Special Study Value <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="0"/>	
F Actions Taken <input type="text" value="1"/> <input type="text" value="Extinguish Fire"/>		G1 Resources		G2 Estimated Dollar Losses & Values	
Primary Action Taken (1)		Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non None	
Additional Action Taken (2)		Apparatus <input type="text" value="0003"/> Personnel <input type="text" value="0012"/>		Property \$ <input type="text" value="000"/> <input type="text" value="000"/> <input type="text" value="000"/>	
Additional Action Taken (3)		EMS <input type="text" value="000"/> <input type="text" value="000"/>		Contents \$ <input type="text" value="000"/> <input type="text" value="000"/> <input type="text" value="000"/>	
Other <input type="text" value="000"/> <input type="text" value="000"/>		Check box if resource counts include aid received resources.		PRE-INCIDENT VALUE: Optional	
Property \$ <input type="text" value="000"/> <input type="text" value="184"/> <input type="text" value="000"/>		Property \$ <input type="text" value="000"/> <input type="text" value="184"/> <input type="text" value="000"/>		Contents \$ <input type="text" value="000"/> <input type="text" value="47"/> <input type="text" value="000"/>	
Contents \$ <input type="text" value="000"/> <input type="text" value="47"/> <input type="text" value="000"/>		Contents \$ <input type="text" value="000"/> <input type="text" value="47"/> <input type="text" value="000"/>		Contents \$ <input type="text" value="000"/> <input type="text" value="47"/> <input type="text" value="000"/>	
Completed Modules		H1 Casualties <input checked="" type="checkbox"/> None		H3 Hazardous Materials Release	
<input type="checkbox"/> Fire-2		Deaths <input type="text" value="0"/> Injuries <input type="text" value="0"/>		Natural gas: slow leak, no evacuation or HazMat actions	
<input type="checkbox"/> Structure-3		Fire Service <input type="text" value="0"/> <input type="text" value="0"/>		Propane gas: <21 lb. tank (as in home BBQ grill)	
<input type="checkbox"/> Civilian Fire Cas.-4		Civilian <input type="text" value="0"/> <input type="text" value="0"/>		Gasoline: vehicle fuel tank or portable container	
<input type="checkbox"/> Fire Serv. Casualty-5		Detector		Kerosene: fuel burning equipment or portable storage	
<input type="checkbox"/> EMS-6		Required for confined fires.		Diesel fuel/fuel oil: vehicle fuel tank or portable storage	
<input type="checkbox"/> HazMat-7		1 <input checked="" type="checkbox"/> Detector alerted occupants		Household solvents: home/office spill, cleanup only	
<input type="checkbox"/> Wildland Fire-8		2 <input type="checkbox"/> Detector did not alert them		Motor oil: from engine or portable container	
<input type="checkbox"/> Apparatus-9		U <input type="checkbox"/> Unknown		Paint: from paint cans totaling <55 gallons	
<input type="checkbox"/> Personnel-10		Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		Mixed Use Property	
<input type="checkbox"/> Arson-11		Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		NN <input checked="" type="checkbox"/> Not mixed	
10 <input type="checkbox"/> Assembly Use		1 <input checked="" type="checkbox"/> None		20 <input type="checkbox"/> Education use	
20 <input type="checkbox"/> Education use		2 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions		33 <input type="checkbox"/> Medical use	
33 <input type="checkbox"/> Medical use		3 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)		40 <input type="checkbox"/> Residential use	
40 <input type="checkbox"/> Residential use		4 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		51 <input type="checkbox"/> Row of stores	
51 <input type="checkbox"/> Row of stores		5 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		53 <input type="checkbox"/> Enclosed mall	
53 <input type="checkbox"/> Enclosed mall		6 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage		58 <input type="checkbox"/> Business & residential	
58 <input type="checkbox"/> Business & residential		7 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		59 <input type="checkbox"/> Office use	
59 <input type="checkbox"/> Office use		8 <input type="checkbox"/> Motor oil: from engine or portable container		60 <input type="checkbox"/> Industrial use	
60 <input type="checkbox"/> Industrial use		9 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons		63 <input type="checkbox"/> Military use	
63 <input type="checkbox"/> Military use		0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		65 <input type="checkbox"/> Farm use	
65 <input type="checkbox"/> Farm use		0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		00 <input type="checkbox"/> Other mixed use	
00 <input type="checkbox"/> Other mixed use		0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		00 <input type="checkbox"/> Other mixed use	
J Property Use <input type="text" value="131"/> <input type="text" value="Church, place of worship"/>		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs	
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repairs	
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station	
162 <input type="checkbox"/> Bar/tavern or nightclub		419 <input checked="" type="checkbox"/> 1- or 2- family dwelling		599 <input type="checkbox"/> Business office	
213 <input type="checkbox"/> Elementary school or kindergart.		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant	
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarded house		629 <input type="checkbox"/> Laboratory/science lab	
241 <input type="checkbox"/> College, adult ed.		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant	
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)	
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage	
Outside		519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse	
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site	
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/cared for plot of land		984 <input type="checkbox"/> Industrial plant yard	
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream		Look up and enter a Property Use code only if you have NOT checked a Property Use box:	
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way		Property Use <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/>	
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street		NFIRS-1 Revision	
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway		NFIRS-1 Revision	
931 <input type="checkbox"/> Open land or field		962 <input type="checkbox"/> Residential street/driveway		NFIRS-1 Revision	

NFIRS 5.0 SELF STUDY PROGRAM BASIC MODULE: NFIRS 1

K1 Person/Entity Involved

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. ☒ Sally First Name MI Last Name Jones Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

☒ Same as person involved? Then check this box and skip the rest of this section.

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks:

Local Option _____

Incident was confined to the pot on the stove, smoke detector activated, no losses.

ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the I block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

☐ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☒

Officer in charge ID _____ Signature *Joe Officer* Position or rank Captain Assignment Batt. 2 Month 01 Day 15 Year 2013

Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Exercise Scenario 1-2: Cary Street House Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Basic Module form. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Basic Module again.

The Alberta Fire Department (FDID 92188) responded to a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351 on May 1. The dispatcher assigned the incident (#5432) to Engine Co. 3 from Shift A. The unit received the alarm at 12:53 p.m. and arrived at the scene at 1:05 p.m. with a four-person engine crew, a two-person truck crew, and a two-person pumper crew. The owner of the single family dwelling, Mrs. Christy Gordon, said that she was warming her lunch on the stove when the grease from the pan began to burn. She was alerted when the smoke detector activated. The kitchen filled with smoke. She called 911. The firefighters ventilated the kitchen. There was no loss to property or contents. The last unit cleared the scene at 1:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.10, District A12.

NFIRS 5.0 SELF STUDY PROGRAM
BASIC MODULE: NFIRS 1

A FDID ☆ State ☆ Incident Date ☆ MM DD YYYY Station Incident Number ☆ Exposure ☆ <div style="text-align: right;"><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity</div> <div style="border: 1px solid black; padding: 2px; float: right;">NFIRS - 1 Basic</div>			
B Location ☆ <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only Census Tract - <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions</div><div>Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State Zip Code - Cross street or directions, as applicable</div></div>			
C Incident Type ☆ Incident Type D Aid Given or Received ☆ 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their FDID Their State Their Incident Number	E1 Dates & Times Midnight is 0000 Month Day Year Hour Min Check boxes if dates are the same as Alarm Date. Alarm ☆ ALARM always required ARRIVAL required, unless canceled or did not arrive Arrival ☆ CONTROLLED optional, except for wildland fires Controlled LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared E2 Shifts & Alarms Local Option Shift or platoon Alarms District E3 Special Studies Local Option Special Study ID# Special Study Value		
F Actions Taken ☆ Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)	G1 Resources ☆ <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.	G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$, , Contents \$, , PRE-INCIDENT VALUE: Optional Property \$, , Contents \$, ,	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	H1 Casualties <input type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form	I Mixed Use Property NN <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use
J Property Use ☆ Structures 131 <input type="checkbox"/> Church, place of worship 341 <input type="checkbox"/> Clinic, clinic type infirmary 539 <input type="checkbox"/> Household goods, sales, repairs 161 <input type="checkbox"/> Restaurant or cafeteria 342 <input type="checkbox"/> Doctor/dentist office 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 162 <input type="checkbox"/> Bar/tavern or nightclub 361 <input type="checkbox"/> Prison or jail, not juvenile 571 <input type="checkbox"/> Gas or service station 213 <input type="checkbox"/> Elementary school or kindergart. 419 <input type="checkbox"/> 1- or 2- family dwelling 599 <input type="checkbox"/> Business office 215 <input type="checkbox"/> High school or junior high 429 <input type="checkbox"/> Multi-family dwelling 615 <input type="checkbox"/> Electric generating plant 241 <input type="checkbox"/> College, adult ed. 439 <input type="checkbox"/> Rooming/boarding house 629 <input type="checkbox"/> Laboratory/science lab 311 <input type="checkbox"/> Care facility for the aged 449 <input type="checkbox"/> Commercial hotel or motel 700 <input type="checkbox"/> Manufacturing plant 331 <input type="checkbox"/> Hospital 459 <input type="checkbox"/> Residential, board and care 819 <input type="checkbox"/> Livestock/poultry storage (barn) 464 <input type="checkbox"/> Dormitory/barracks 882 <input type="checkbox"/> Non-residential parking garage 519 <input type="checkbox"/> Food and beverage sales 891 <input type="checkbox"/> Warehouse <div style="display: flex; justify-content: space-between;"><div>Outside 124 <input type="checkbox"/> Playground or park 936 <input type="checkbox"/> Vacant lot 655 <input type="checkbox"/> Crops or orchard 938 <input type="checkbox"/> Graded/cared for plot of land 669 <input type="checkbox"/> Forest (timberland) 946 <input type="checkbox"/> Lake, river, stream 807 <input type="checkbox"/> Outdoor storage area 951 <input type="checkbox"/> Railroad right of way 919 <input type="checkbox"/> Dump or sanitary landfill 960 <input type="checkbox"/> Other street 931 <input type="checkbox"/> Open land or field 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway</div><div><div style="border: 1px solid black; padding: 5px; width: fit-content;">Look up and enter a Property Use code only if you have NOT checked a Property Use box:</div><div style="display: flex; align-items: center; margin-top: 10px;"><div style="font-size: 24px; margin-right: 10px;">➡</div><div>Property Use _____</div></div></div></div>			

NFIRS-1 Revision

**NFIRS 5.0 SELF STUDY PROGRAM
BASIC MODULE: NFIRS 1**

K1 Person/Entity Involved

Local Option ☐ Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option ☐ Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____


L Remarks:

Local Option ☐

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the I block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

☐ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☐

Officer in charge ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Basic Module Test

1. Which incident type would require more than the Basic Module?
 - (a) Controlled burning
 - (b) Fire confined to the chimney
 - (c) Fire confined to the room or origin
 - (d) Landfill fire
2. If a fire department was dispatch to a grass fire in another department's area and was cancelled prior to arriving because the receiving department determined that the incident was a controlled burn, what incident type would the department giving aid use?
 - (a) Authorized controlled burning
 - (b) Grass Fire
 - (c) Cancelled en route
 - (d) None - no report is needed
3. What would be the incident type if the incident involved EMS, fire, and hazardous materials?
 - (a) Fire
 - (b) EMS
 - (c) Hazardous Materials
 - (d) The most severe situation
4. How many civilian casualties would be recorded in H1 (Number of Casualties Section), if a police officer was injured rerouting traffic and two firefighters were injured extinguishing the fire?
 - (a) none
 - (b) one
 - (c) two
 - (d) three
5. High schools and dentist offices are examples of this data element.
 - (a) Location
 - (b) Mixed Use Property
 - (c) Complex Type
 - (d) Property Use

NFIRS 5.0 Self Study Program

Supplemental Form: NFIRS 1S

Objectives

After completing the Supplemental Form Module the student will be able to:

1. Describe the purpose and use of the Supplemental Form.
2. Demonstrate how to correctly complete the Supplemental Form given a hypothetical incident scenario.

Use the Supplemental Form as a local option to document information regarding additional persons/entities involved with an incident or to record the remarks, which will not fit on existing modules.

Section K: FDID, State, Incident Date, Station,
Incident Number, Exposure Number

This information is consistent with the Basic Module and can be used to recall the incident from the computer program or print a hard copy of an incident. In an automated system, some systems may allow you to enter a data element and automatically populate all fields where that information is required.

Blocks K₁ – K₅: Person/Entity Involved

Each block documents information about people or entities that could not be captured on the Basic Module. There are lines for a business name (if applicable), a telephone number, and an individual's name and address.

NOTE: This is the same set of data elements that are collected in PERSON/ENTITY INVOLVED – K₁ of the Basic Module.

**NFIRS 5.0 SELF STUDY PROGRAM
SUPPLEMENTAL FORM: NFIRS 1S**

K1 Person/Entity Involved Local Option <input type="checkbox"/> Check this box if same address as incident location. Then skip these three duplicate address lines. 	Business name if applicable _____			Phone Number _____ - _____ - _____		
	Mr., Ms., Mrs. _____	First Name _____	MI _____	Last Name _____		Suffix _____
	Number _____	Prefix _____	Street or highway _____		Street Type _____	Suffix _____
	Post office box _____		Apt./Suite/Room _____	City _____		
	State _____	Zip Code _____ - _____				

K2 Person/Entity Involved <input type="checkbox"/> Check this box if same address as incident location. Then skip these three duplicate address lines. 	Business name if applicable _____			Phone Number _____ - _____ - _____		
	Mr., Ms., Mrs. _____	First Name _____	MI _____	Last Name _____		Suffix _____
	Number _____	Prefix _____	Street or highway _____		Street Type _____	Suffix _____
	Post office box number _____		Apt./Suite/Room _____	City _____		
	State _____	Zip Code _____ - _____				

K3 Person/Entity Involved <input type="checkbox"/> Check this box if same address as incident location. Then skip these three duplicate address lines. 	Business name if applicable _____			Phone Number _____ - _____ - _____		
	Mr., Ms., Mrs. _____	First Name _____	MI _____	Last Name _____		Suffix _____
	Number _____	Prefix _____	Street or highway _____		Street Type _____	Suffix _____
	Post office box number _____		Apt./Suite/Room _____	City _____		
	State _____	Zip Code _____ - _____				

K4 Person/Entity Involved <input type="checkbox"/> Check this box if same address as incident location. Then skip these three duplicate address lines. 	Business name if applicable _____			Phone Number _____ - _____ - _____		
	Mr., Ms., Mrs. _____	First Name _____	MI _____	Last Name _____		Suffix _____
	Number _____	Prefix _____	Street or highway _____		Street Type _____	Suffix _____
	Post office box _____		Apt./Suite/Room _____	City _____		
	State _____	Zip Code _____ - _____				

K5 Person/Entity Involved <input type="checkbox"/> Check this box if same address as incident location. Then skip these three duplicate address lines. 	Business name if applicable _____			Phone Number _____ - _____ - _____		
	Mr., Ms., Mrs. _____	First Name _____	MI _____	Last Name _____		Suffix _____
	Number _____	Prefix _____	Street or highway _____		Street Type _____	Suffix _____
	Post office box _____		Apt./Suite/Room _____	City _____		
	State _____	Zip Code _____ - _____				

NFIRS-11 Revision 6/9/98

Section L₁

Section L₁: Supplemental Special Studies

L1	Supplemental Special Studies Local Option	Page Number	<input type="text"/>	NFIRS - 1S Supplemental							
1	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	2	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	3	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	4	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value
5	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	6	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	7	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	8	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value

This section provides space for temporary data elements that can be used for collection of information that is of special interest for a defined period. These fields should be used when you are using paper forms and need space for more than two special studies.

Special Study ID Number (SSID) – This number uniquely identifies each special study that is being run by the fire department, state, or National Fire Data Center.

Special Study Codes – The value in the field being collected. Responses for special studies can be defined as codes or as alphanumeric entries of numeric values or dates. States, fire departments, and the National Fire Data Center can define Special Studies fields.

Special studies allow departments, states and the National Fire Data Center to quickly collect information on an issue or problem and answer a specific question through the temporary use of a special study field over a defined period of time.

